VSC Victorian Skills Commissioner

Sector Snapshot

Victoria's Disability Supported Independent Living Sector

November 2020

This document provides a snapshot of skills demand for the Disability Supported Independent Living (SIL) sub-sector in Victoria. For the purposes of this snapshot, the SIL includes disability service providers that deliver National Disability Insurance Scheme (NDIS) funded support to people with disability in a shared living situation, usually in a group house.

VICTORIA
State Government

Foreword

This document provides a snapshot of skills demand for the Disability Supported Independent Living (SIL) sub-sector in Victoria. For the purposes of this snapshot, the SIL includes disability service providers that deliver National Disability Insurance Scheme (NDIS) funded support to people with disability in a shared living situation, usually in a group house. This snapshot provides a genuine understanding of the current and future (1-3 year horizon) skills and training requirements of the sector, with a focus on the element of the workforce using VET courses and their career pathways. It also considers the impact of the COVID-19 pandemic on the future jobs and skilling needs of the sector.

The success of this work relied on insights from experienced employers within this sector to provide a sector-wide view of skills requirements and workforce challenges. A total of 10 people across 9 employers were engaged in an employer roundtable to develop this snapshot. Collectively these employers account for approximately 18 per cent of SIL houses in Victoria and deliver support to different cohorts of people with disability across metropolitan and regional Victoria. Insights from public data on the disability sector was presented and validated with employers during the roundtable.

The roundtable provided the opportunity for SIL employers to input their view of priorities and requirements from the VET system in addressing sector skills issues. As such this presents a picture of the demand side of the training market. This snapshot can be used by TAFE and training providers to better understand the SIL sector's priorities in terms of occupation and skill demand to ensure the supply side responds appropriately to VET opportunities.

The Victorian VET system aims to deliver 'real training for real jobs' by providing up to date training for new challenges in the sector. This report is part of a series of sector snapshots which are being developed by the Office of the Victorian Skills Commissioner (OVSC). The set of sector snapshots complements the Commissioner's Regional Skills Demand Profiles to provide a richer picture of the skills needs of Victorian employers. Insights from consultations will inform Government decisions around funding for accredited training. A collaborative effort between Government, employers and training providers is required to address these challenges.

This snapshot represents a summary of the views of consulted employers and sector representatives on the foreseeable current and future skilling needs of the SIL sector. As such, the OVSC has prepared the report with care and diligence, based on information provided through consultations. Information in the snapshot has not subsequently been independently verified or audited.

Acknowledgements

The OVSC would like to acknowledge the time, contribution and insights of participating employers and the Victorian Department of Health and Human Services in supporting this process. The findings in this report would not be possible without their shared knowledge, openness, generosity, expertise and commitment.

Table 1: Participating Employers

Attendee	Organisation
Anthony Graham	Colac and Otway Disability Accommodation Incorporated
Ben Spooner	Villa Maria Catholic Homes
Beth Fogerty	Wellways Australia Limited
Jeanne Poustie	Melbourne City Mission
John Katsourakis	Ermha365
John McConachie	Scope
Kirsty Gatsios	Yooralla
Neil Sing	Golden City Support Services
Shelley Compton	GenU
Sonia Berton	Villa Maria Catholic Homes

SUMMARY
VICTORIA'S DISABILITY SECTOR (SUPPORTED INDEPENDENT LIVING)

Approximately 10,000 workers across Victoria	Approximately 3,000-4,000 additional workers required by 2023	Two up to date, recommended pathways to employment	Increasing complexity and service risk following COVID-19	Increased need for business accumen for managers	High casualisation for disability support workers

CAREER PATHWAYS AND TRAINING

Validated career and training pathways

Operations managers may also report to regional and state managers in large organisations

Salary: $85-130k

OPERATIONS MANAGER

Experience: 5-10 years
Skills: business planning, financial management, compliance with quality and safety regulations

Salary: $60-80k

HOUSE SUPERVISOR

Experience: 3-5 years
Key skills: communication, emotional intelligence, mentoring and coaching staff, compliance with quality and safety regulations, business planning

ON-THE-JOB TRAINING
Employers were also interested in short courses in complex personal care needs, medication management and business planning for managers.

Salary: $30 p/h ($35-55k p/a)

DISABILITY SUPPORT WORKER

Experience: 0-3 years
Key skills: person-centred active support, emotional intelligence, adaptive communication, customer service, positive behaviour support, trauma informed practice, family centred practice, recovery oriented practice, supporting high intensity complex health needs, medication administration, OHS compliance, infection control, client case noting, incident reporting

PREFERRED TRAINING PATHWAY
Enrol in: Certificate IV in Disability

Salary: $30 p/h ($35-55k p/a)

DISABILITY SUPPORT WORKER (PSYCHOSOCIAL)

Experience: 0-3 years
Key skills:, recovery oriented practice, trauma informed practice, emotional intelligence, adaptive communication, customer service, positive behaviour support,, family centred practice, medication administration, OHS compliance, infection control, client case noting, incident reporting

PREFERRED TRAINING PATHWAY
Enrol in: Certificate IV in Mental Health or Certificate IV in Mental Health Peer Work

Notes: Formal training is not a requirement to enter the sector and is often undertaken during employment. Training should be contextualised to the needs of employers and may be successfully delivered through traineeships with an on-the-job component.

Other VET courses

Certificate III in Individual Support – less valued by employers than a Certificate IV

Certificate IV in Mental Health Peer Work – for individuals with lived experience

Diploma of Mental Health – may be relevant for further study

Note: The chart above shows core roles in the SIL sector. Additional opportunities exist for regional and state managers and specialists in quality and safety, behaviour support, allied health, occupational health and safety and nursing.

SECTOR WORKFORCE PRIORITIES

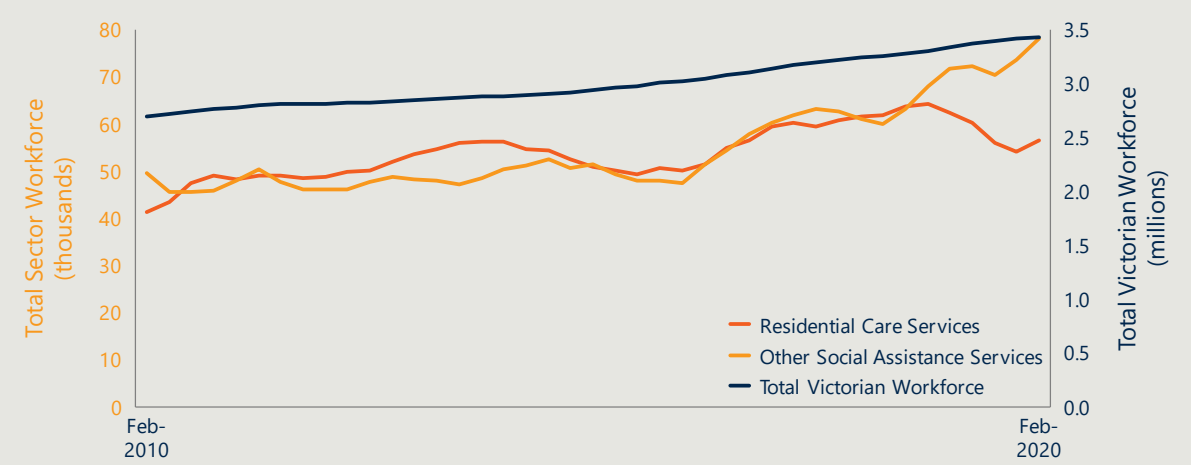
- Explore demand for short courses on: measuring and documenting progress against NDIS goals for SIL staff; and NDIS management for current and aspiring house supervisors
- Communicate to prospective SIL workers that the Certificate IV in Disability or Certificate IV in Mental Health are preferred to the Certificate III in Individual Support by employers.
- Continue to promote opportunities for traineeships within the sector through direct employment or through contextualised programs that serve the needs of multiple employers.
- Reinforce expectations of providers to contextualise training to the needs of employers and encourage small employers to collectively negotiate with providers to achieve better training outcomes.
- Consult broadly with the SIL sector to assess the need to review the Community Services Training Package to better align qualifications with revised needs under the NDIS.

1 Sector overview

The disability workforce is growing as a result of the introduction of the National Disability Insurance Scheme (NDIS)

Disability services in Victoria have undergone a period of rapid expansion due to the introduction of the NDIS between 2013 and 2020. Over this period funding to the sector has more than doubled. The National Disability Insurance Agency (NDIA) estimates that the disability sector employs approximately 30,000 – 40,000 Victorians on a full-time equivalent basis and this number is rapidly growing due to increased NDIS funding.[1] Victoria's broader social assistance workforce, which includes disability support workers, grew by 9.3 per cent per annum prior to the COVID-19 pandemic (since 2010). Residential care services,[2] including disability residential care, also grew by 2.1 per cent per annum over the same period.[3]

Figure 1 | Total Victorian Residential Care and Social Assistance workforce, 2010-2020 (Quarterly, 12-month moving average)



NDIS funding is provided to people with disability through an individualised funding allocation (NDIS plan). Supported Independent Living (SIL) is a sub-category of services that can be purchased which includes assistance for people with disability with daily life tasks in shared living arrangements, usually group homes. Over 5,000 people with disability receive SIL services in Victoria[4] and these individuals generally have the highest support needs of all NDIS participants.[5] While 6 per cent of NDIS participants receive funding for SIL, it accounts for 30 per cent of total NDIS funding[6] and payments to SIL providers are increasing rapidly (a 15 per cent increase was recorded between October 2019 and March 2020).[7]

SIL funds the daily care people with disability receive in a group home, but does not include housing costs. Specialist Disability Accommodation may be funded separately for some individuals and group house residents may also purchase a range of other services through their NDIS plan, including behaviour

[1] NDIS Market Position Statement, Victoria, 2016. ABS labour force data is not classified in a way that allows analysis of the disability workforce; however, the Department of Health and Human Services is currently commencing work to strengthen understanding of the workforce in Victoria using existing data. Results of this study are expected to be available in mid-2021.
[2] Includes aged care
[3] ABS, payroll data
[4] NDIS Market Summary Dashboard, SIL only, June 2020
[5] NDIA, Consultation Paper, Supported Independent Living, 2020
[6] NDIA, Consultation Paper, Supported Independent Living, 2020
[7] NDIS Market Summary Dashboard, SIL only, June 2020

support, allied health, aids and equipment, group and centre based day activities and specialised supported employment.

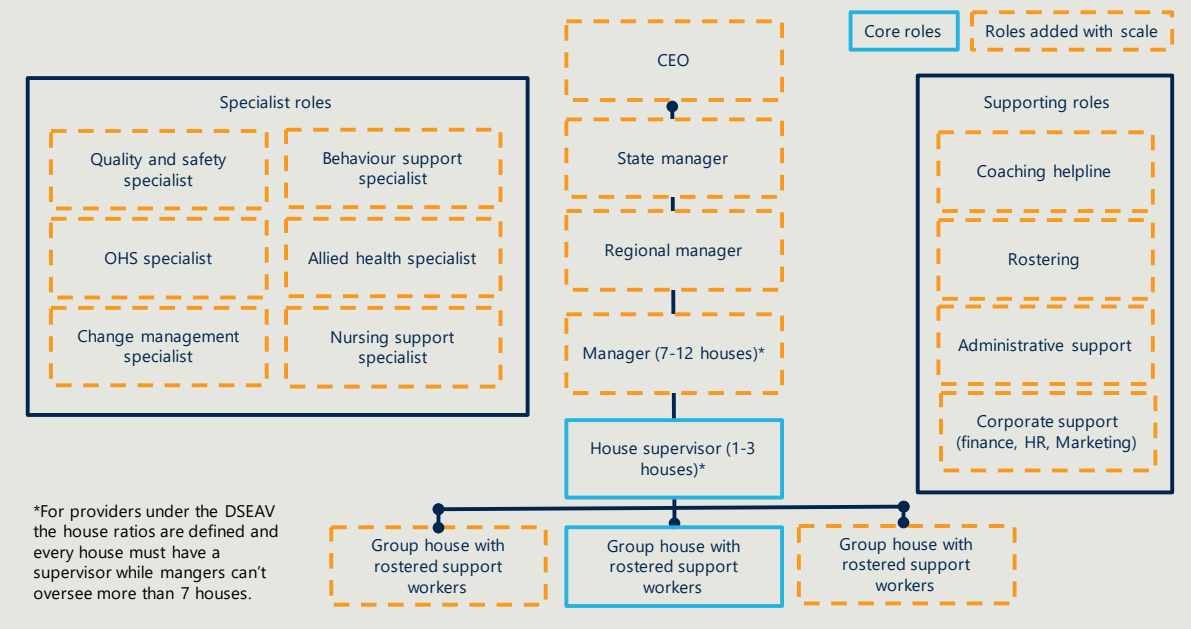
Providers who offer SIL generally also provide a range of other services and employees will often work simultaneously across the SIL sub-sector, other disability sub-sectors and other social care sectors, such as aged care. SIL houses often include people with a range of disabilities, however, some providers do offer a disability-specific service, for example for psychosocial disability.

SIL is delivered in group houses with organisational structures varying according to scale

The SIL sector is largely organised into houses for small groups of people with disability. There are over 1,000 active providers registered to deliver services to SIL participants,[8] however, this includes a broad range of disability services and there are only around 100 providers of 24-hour SIL in Victoria, operating approximately 1,400 group homes.[9] Prior to the NDIS, many disability residential services were run by the Department of Health and Human Services and these services were transferred to five non-government providers: Aruma, Life Without Barriers, Melba Support Services, Possability and Scope. These five providers are major players in the sector, along with two other large providers: Yooralla and Melbourne City Mission. Together the seven providers operate over 800 houses (57 per cent of the estimated total). Most providers are based in Victoria and many small providers are regionally or locally based, but there are some national players, such as Life Without Barriers.

While there is variation according to the complexity of the needs of people with a disability, an average group house may have 5 residents with 2-3 rostered disability support workers present at any time. Disability support workers will report to a house supervisor, who may supervise 1-3 houses. The number of houses run by SIL providers ranges from 1 to over 50. The organisational structure and roles vary according to the size of the provider and are illustrated in Figure 2. Services that were previously run by DHHS are subject to the Disability Services Enterprise Agreement Victoria 2018-2022 (the DSEAV), which includes more prescriptive rules for services providers, including a house supervisor for every house, minimum qualifications and higher rates of pay for employees.

Figure 2 | Indicative organisational structure of a SIL provider



[8] NDIS Market Summary Dashboard, SIL only, June 2020
[9] Department of Health and Human Services data – this may not account for very small providers unknown to the department

Larger providers may employ specialist roles within their organisation, such as behaviour support or allied health, whereas people with disability in homes run by smaller providers may purchase these supports from separate providers.

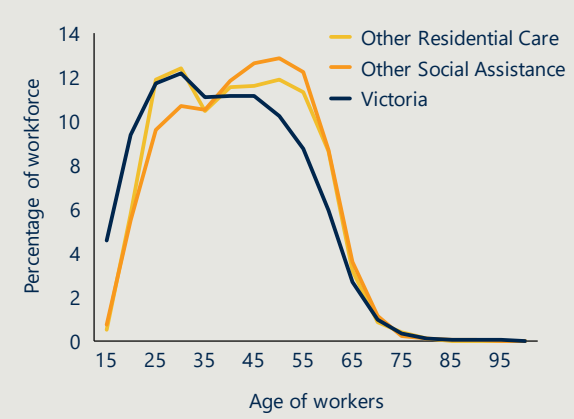
While supervisory, managerial and specialist roles tend to be full time, a high proportion of disability support workers are casual employees (43 percent).[10] Casualisation has been an increasing trend in small and medium sized organisations, but is decreasing for large organisations[11]. The average disability support worker works 29 hours per week, but workers may split their time across multiple services, with labour hire firms playing an increasing role in sourcing workers. There is also a high rate of turnover in the disability workforce (9 per cent in the permanent workforce and 29 per cent in the casual workforce).[12]

There is a high level of risk within the sector and providers are regulated by the National Disability Insurance Quality and Safeguarding Commission (NDISQSC). In larger providers, specialist teams are responsible for ensuring compliance with regulatory standards for quality and safety. Providers may also have dedicated teams with responsibility for Occupational Health and Safety.

The workforce has a high proportion of women and is ageing

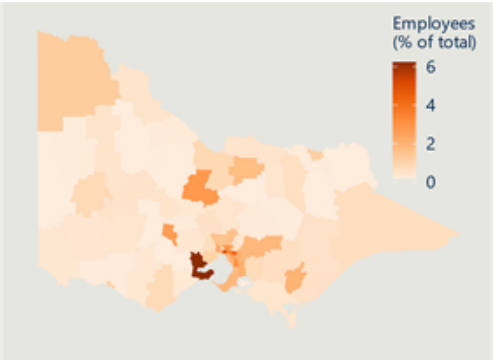
An estimated 9,000-12,000 FTE work in SIL in Victoria.[13] The social care workforce is dominated by women (approximately 70%)[14] and is older than the average for the Victorian workforce (see below Figure 3).[15] Social assistance services, including SIL services, are usually located in local communities where people with disability live, therefore the workforce is distributed across Victoria, with a higher number of employees in major population centres (see Figure 4).[16] There is a high proportion of employees in the Barwon region as this is where the NDIA is based. It was also the first NDIS trial site and has a relatively mature market. Employers report a high proportion of the workforce is born overseas and speaks English as a second language.

Figure 3 | Age distribution of social care workforce



[10] NDS Workforce census (national data)
[11] NDS, Australian Disability Workforce Report, 2018
[12] NDS Workforce census (national data)
[13] Estimated from the proportion of funding to SIL (30 per cent) and an estimated workforce of 30,000-40,000
[14] NDS, Australian Disability Workforce Report, 2018
[15] ABS Census 2016. Workforces include Social Assistance and Other Residential Care. This may also capture workers from aged care, family services, drug and alcohol services, settlement services etc.
[16] ABS Census 2016. Geographical distribution shows the sum of "Other Residential Care" and "Other Social Assistance Services"

Figure 4 | Geographic distribution of the social care workforce



2 Sector outlook and workforce implications

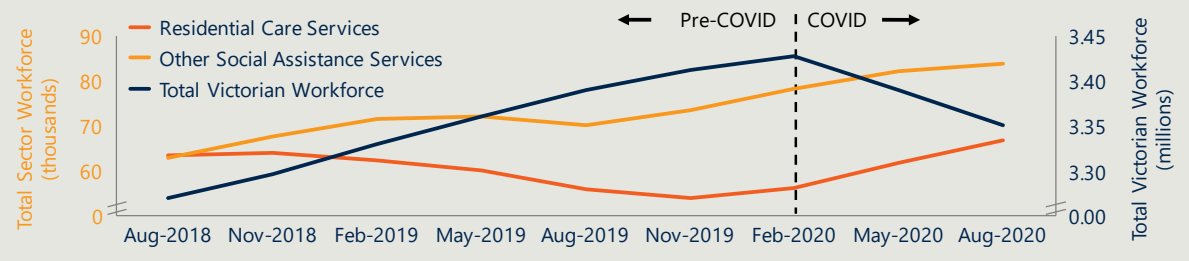
Demand for workers outstrips supply, particularly in regional areas

The injection of funding into the sector as a result of the NDIS has resulted in strong demand for disability support workers and the workforce has been growing by 11 per cent per annum in recent years.[17] NDIA data suggests that workforce growth is still not keeping pace with growth in funding to participants, as not all funding allocated to participants is utilised (85 per cent of funding to SIL participants was utilised between October 2019 and March 2020).[18]

The disability sector is often not attractive to school leavers, with entry level roles likely to be filled by more mature workers. As the workforce grows, many employers have faced challenges finding workers with the attributes and willingness to work in the sector, particularly in regional Victoria where the pool of potential workers is smaller. This shortfall is exacerbated by high turnover amongst disability support workers. House supervisor and regional manager roles can also be difficult to fill as they require strong frontline experience combined with additional financial management and interpersonal skills, and staff turnover reduces the pool of potential employees.

The COVID-19 pandemic has had limited impact on overall workforce demand across the Victorian care workforce. While the broader Victorian workforce shrunk as a result of the pandemic, the social services workforce (including aged care) has been insulated from job losses and has experienced continued growth (see Figure 5).

Figure 5 | Residential care and social assistance workforce 2019-2020 (12-month rolling average, VIC)



The disability sector has experienced mixed impacts, with some services such as day programs requiring a reduced workforce and others experienced increased demand. SIL services, in particular, have experienced increased demand for support workers during the pandemic, as staff exposed to COVID were suddenly stood down and needed to be backfilled. Closure of many day services has also created a high demand for staff in SIL houses, as residents are more likely to be home during the day. To address the demand for more SIL workers during the pandemic, staff who work across other non-essential disability sub-sectors have moved into SIL.

Service providers have been required by public health workplace directions to limit workers to one site, where practical, meaning there has been a higher demand for full time or part time staff. Many smaller providers have struggled to retain casual staff as they have chosen a large provider as their sole employer during the pandemic based on a perception of greater security.

[17] NDS, Australian Disability Workforce Report, 2018
[18] NDIS Market Summary Dashboard, SIL only, June 2020

Workforce growth will continue over the coming years but the long-term outlook for SIL is uncertain

While the NDIS is now fully implemented in Victoria, continued growth of the SIL sector is expected over the coming years to address current unmet demand and enable participants to utilise their funded plans fully. There are also young people with disability currently in residential aged care who may move to SIL once there is sufficient workforce and sector capacity to support this. If the SIL sector continues to grow at the current rate, approximately 3,000-4,000 additional FTE would be required in SIL over the next three years. In the short term, the SIL sub-sector may meet this demand by continuing to draw workers from other disability sub-sectors, as SIL is perceived as a more secure workplace, protected from COVID-19 shutdowns. The "one worker-one site" policy may also continue for some services while COVID-19 risks remain, providing further stability and security for the SIL workforce compared to the broader disability workforce. This policy has had positive impacts for consistency of service delivery, however employers note the need for some mobility across the workforce to ensure continuity when regular staff are unavailable and to prevent isolated and loyal cultures emerging in teams of support workers, which may mean quality and safety risks go unreported. Given the dominant model pre-COVID was a heavy use of casual staff across multiple sites, the "one worker-one site" policy is unlikely to be sustained in the longer term, once COVID-19 risks have decreased, due to pressures on the system.

In the medium to long term, growth in the SIL workforce is likely to stabilise as unmet demand is addressed. Longer term growth may also stabilise due to potential changes to residential service models as a result of the introduction of the NDIS. Prior to the NDIS, the Department of Health and Human Services provided and funded specially designed group homes for people with disability, with an integrated care and support officer. This model was criticised as not giving people with disability sufficient choice and control about where they live and who provides their care. Many abuse and neglect cases have also occurred in group homes and this is currently the focus of scrutiny from the Royal Commission into violence, abuse, neglect and exploitation of people with disability.

The NDIA is seeking to enable alternative, individualised models of support outside of shared living arrangements, including the use of assistive technology and home modifications, or Individualised Living Options, which enable people to be supported in their own homes. The NDIA is also concerned that costs for SIL participants have grown at a rate of 17 per cent per annum and is currently conducting a review of SIL price controls and the Disability Support Worker Cost Model for attendant care supports in shared living settings.[19] Despite this policy and pricing context, a stabilisation of the SIL workforce is more likely than a reduction. The current reality is that there are few viable alternatives to SIL and development of new options will likely take many years. Furthermore, individuals leaving SIL to seek out alternative living options may be replaced with those currently in residential aged care.

Employers seek general skills combined with technical expertise

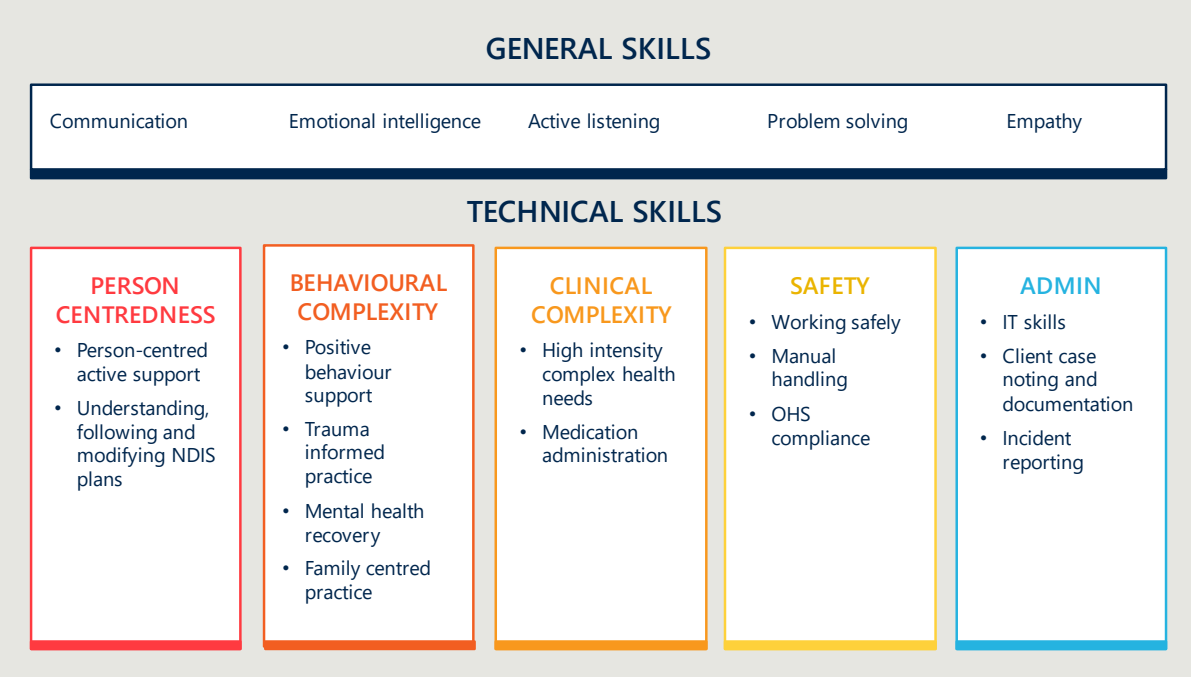
Employers look for disability support workers with general skills that enable person-centred service delivery, including communication, emotional intelligence and customer service. However, technical skills and knowledge are also required to ensure employees know how to deliver high quality support to residents in compliance with regulation. House supervisors play a critically important role in group homes and require the same skill set as disability support workers, with an even stronger requirement for interpersonal skills, emotional intelligence and the ability to coach, mentor and manage the performance of staff.

The profile of residents in group homes is complex, both clinically and behaviourally, which drives specific technical skills needs. In particular, the SIL workforce requires skills in delivering positive behaviour support and supporting clients with high intensity complex health needs. Where group houses largely

[19] NDIA, Review of Supported Independent Living Price Controls - Issues Paper, August 2020

support people with psychosocial disability, trauma informed practice and recovery-oriented practice are critical. Key skills for disability support workers in SIL are summarised in Figure 6 below.

Figure 6 | Key skills of the SIL workforce



Sector trends will drive new skills needs

The introduction of the NDIS is gradually changing the skills needs of the sector. As an insurance scheme, the NDIS has a strong focus on goal attainment and outcomes measurement which is unfamiliar for many workers and requires skills in setting micro-goals and measuring and documenting progress.

In the longer term, as some NDIS participants transition to alternative forms of support outside of SIL, the profile of SIL residents is likely to become increasingly complex, requiring an even stronger focus on working with behavioural and clinical complexity. There is also an ongoing issue of young people with disability being placed in residential aged care due to a lack of suitable options, with governments and providers recognising this is not the best option for these individuals. If the sector is to support these people to move out of aged care, staff will need the skills to deliver care to people with very complex medical needs. Finally, SIL clients are also increasingly likely to be older, therefore staff will need to understand the needs of people with disability who are ageing.

The COVID-19 pandemic is also driving changes in the workforce skills profile. A key change has been an increasing focus on infection prevention and control. This has required rapid upskilling of staff in clinical infection prevention and control approaches, such as the use of N95 masks, and in supporting group home residents to understand and comply with social distancing restrictions. The pandemic has also accelerated the uptake of digital technologies in SIL, including for staff meetings, training and remote consultations for allied health appointments and assessments. This has been a big change for an older workforce, but adoption of new technologies has been high, and the trend is likely to continue.

The NDIS is also driving new skills needs for house supervisors and regional managers. The individual funding model of the NDIS means house supervisors are increasingly required to have business planning and financial management skills. The quality and safeguarding requirements of the NDISQSC, combined with the high-risk profile of SIL residents and the increased scrutiny of the Royal Commission, also require house supervisors and managers to have a strong understanding of quality systems and risk management systems.

3 The role of training

On the job training is valued by employers

Accredited training is not a mandated requirement for entry-level disability support workers, with the exception of workers employed under the DSEAV. While some workers enter the sector with a qualification, it is also common for staff to enter the sector directly and learn through on-the-job supervision and initial training developed by their employer. In addition, National Disability Services, the disability sector peak body, offers resources and training to introduce staff to the sector, the NDISQSC provides worker orientation modules on quality and safety, and DHHS hosts an online learning system to improve NDIS readiness. All support workers must also complete a First Aid certificate prior to working in the sector.

It may take a new disability support worker up to a year to have the skills and competencies required. Formal traineeships are not common in the sector (3 per cent of enrolments in the Certificate IV in disability in 2019) partly due to the high proportion of casual employees. They also require economies of scale to negotiate an agreement with a training organisation, therefore they can be administratively complex, especially for small providers who have a limited number of trainees. To make the traineeship system simpler for employers, some formal programs have been trialled. For example, the Victorian Council for Social Services and the Future Social Services Institute are offering traineeships in Melbourne's West and Gippsland in partnership with Wellways or Uniting where trainees study a Certificate III in Individual Support through TAFE Gippsland or Victoria University.

House supervisors usually start their career as disability support workers and progress into the role after several years of direct support provision and demonstrating high level interpersonal and communication skills. However, there is not a clear and structured approach to developing the skills of house supervisors, and sometimes they are selected from an existing pool of support workers based on availability and the number of years they have worked in a house. After several years as a house supervisor, talented individuals may progress into regional manager roles or other specialist roles within a large provider.

The Certificate IV in Disability is the preferred accredited qualification for SIL workers

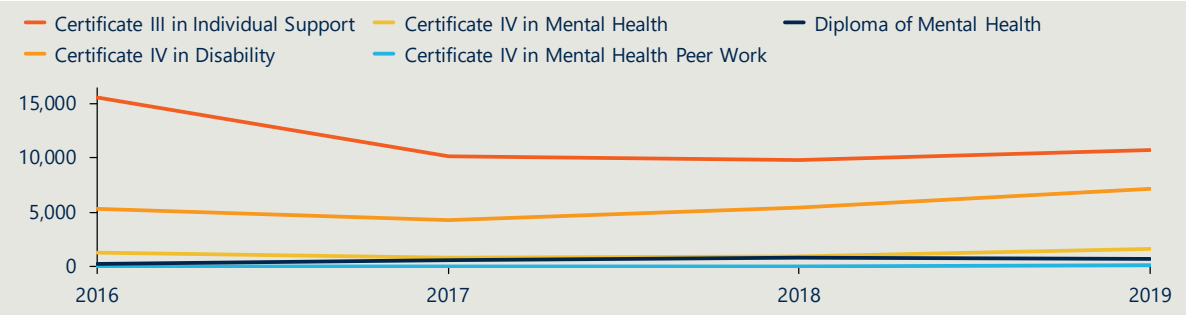
The pricing structure of the NDIS, casualisation of the workforce and low wages across the sector create structural barriers that can prevent or discourage employers from requiring accredited training. However, accredited training is valued by some employers, especially where support workers are working with greater clinical and behavioural complexity. Accredited training is also mandated for a subset of employees who are employed under the DSEAV and is valued by the Health and Community Services Union.

While the Certificate III in Individual Support had the highest overall enrolments in 2019, this qualification also serves the Aged Care workforce and enrolments have not increased as the disability workforce has grown. SIL employers instead expressed a preference for the Certificate IV in Disability. This preference is consistent with the DSEAV, which requires all support workers to hold or be working towards a Certificate IV in Disability. Where the service is focused on psychosocial disability, employers prefer the Certificate IV in Mental Health and the Certificate IV in Mental Health Peer Work which provides another valued pathway for employees with lived experience of mental illness.

Both the Certificate IV in Disability and the Certificate IV in Mental Health have shown an increase in enrolments over recent years (see Figure 7), but this increase is not proportionate to the growth of the sector as a result of the NDIS, suggesting many new roles are being filled by unqualified workers.

Most students undertaking relevant qualifications receive a Government funded place. Under the Government's Free TAFE policy, introduced in January 2019, disability qualifications are priority courses except for the Diploma of Mental Health. This means students do not incur tuition fees which has driven increased student enrolments. Between 2018 and 2019, Government funded enrolments increased 33 per cent for the Certificate IV in Disability and 74 per cent for the Certificate IV in Mental Health. Enrolments may continue to increase, driven by the Free TAFE policy, but longer term take up of these qualifications will not be sustained in the absence of clear market signals about the value of training for disability support workers.

Figure 7 | Enrolments in disability qualifications 2016-2019[20]



Micro-credentials also play an increasing role in the sector to support staff to build specific capabilities. Several short courses have been developed in Victoria to respond to the specific needs of the sector under the NDIS. The first of these was a single unit course "Introduction to the National Disability Insurance Scheme", which is a priority course under the Free TAFE policy. This course is positively viewed by employers as an introduction to the sector before students consider further study.

Additional short courses have recently been developed to meet specific sector needs, in particular to respond to the increasing complexity of SIL participants. These short courses include:

- Identifying, Reporting and Preventing Abuse and/or Grooming of People with Disabilities (65 hours)
- Providing Support to People with Psychosocial Disability (310 hours)
- Performing Allied Health Tasks and Supporting People with Disability (335 hours)
- Supporting People with Complex Personal Care Needs including Behaviours of Concern (445-465 hours)
- Culturally Considerate Disability support for Aboriginal and Torres Strait Islander People (150 hours)
- Supporting People with Disability to use Medications (65 hours)

Higher education qualifications are valued in roles working with complex clients, including qualifications in psychology and social work. Many employers are also exploring options to build the skills of their leadership, including the Advanced Diploma of Community Services Management, however, this qualification is not sufficiently focused on an NDIS context to meet the needs of many employers.

There are opportunities to improve the quality and appropriateness of training to meet the needs of employers

The skilling needs of the disability workforce are evolving quickly in response the introduction of the NDIS and the COVID-19 pandemic. In this context of rapid change, employers generally report that the content

[20] Department of Education and Training, enrolment data

and structure of the current Certificate IV in Disability and the Certificate IV in Mental Health do not fully meet the needs of SIL employers, due to the increasing complexity of SIL participants. This has in part driven the creation of short courses, which is an adequate short-term solution. However, in the longer term, employers would like to see the Certificate IV courses updated to reflect changed industry demands brought on by the NDIS in the last 5 years and over the next 10 years. In the case of the Certificate IV in Disability, this could involve development of an additional compulsory unit on medication management and additional content on working with people with complex health needs, psychosocial disability and behaviours of concern. Employers also report that the structure of current qualifications do not necessarily reflect the complexity of the sector.

The positive response to the short course on the Introduction the NDIS also suggests that there may be a need for a less advanced qualification for employees entering the sector, potentially at Certificate II level. The current Community Services Training package was last reviewed in full in 2016. While small changes have been made since then, further consultation should be undertaken with employers to ascertain whether any changes are required.

Regardless of the outcomes of this review, it is likely that there will continue to be a large number of SIL workers without a VET qualification. Therefore, short courses will continue to play an important role in the future to develop the skills and capabilities of entry-level workers.

There is a gap in opportunities for house supervisors to develop the right skills, therefore an additional short course could be considered to address management in an NDIS context, including people management, financial management and quality and risk systems. The take up of current short courses for support workers should also be monitored and, if demand is high, there may be opportunities to develop additional short courses to meet employer needs.

There is evidence that the delivery of training to the disability workforce is not always sufficiently contextualised to their current needs, thereby detracting from its value. While large providers in metropolitan areas successfully negotiate with training providers around the electives that would be most useful and how to deliver training in a way that meets the needs of their staff, employers in regional areas have lower numbers of employees participating in training and less opportunity to influence providers. Small employers, including those in regional areas could benefit from building partnerships with other employers with a similar client profile and engaging in group negotiation with training providers to ensure delivery of training is relevant and appropriate. Given the sector currently has a relatively low uptake of training, there is also a strong opportunity for training providers to engage with employers around their needs, improve their training offer and demonstrate its value.

Traineeships should also be further explored to build the capability of the sector. Traineeships require a willingness of current staff to act as supervisors and will have a longer lead time to build a qualified workforce, but the current government funding for traineeships makes them a potentially attractive option to employers at present. Within the disability sector, SIL provides the ideal environment to support trainees, as employment is more likely to be part time or full time, there is a stable workload and workers tend to be rostered in groups. Effective traineeships also require contextualisation of learning, and partnerships with training providers are more effective where there are at least 15-20 trainees. There is therefore an opportunity for smaller providers to work in partnership with one another and negotiate a joint traineeship arrangement with a training provider.

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